

MAR 22 2006

Atty Docket No. 022395-770400US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Thomas M. Ho

Group Art Unit 2134

**OFFICIAL COMMUNICATION**  
**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER Thomas M. Ho**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of Athanassios Diacakis, Application No. 10/068,759, filed February 5, 2002 for A SYSTEM AND METHOD FOR FILTERING UNAVAILABLE DEVICES IN A PRESENCE AND AVAILABILITY MANAGEMENT SYSTEM are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

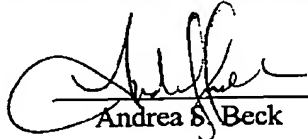
Documents Attached

1. Transmittal-1 Page
2. Amendment-5 Pages
3. Power of Attorney-1 Page
4. Statement Under 3.73(b)-1 Page

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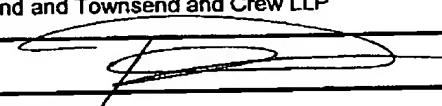
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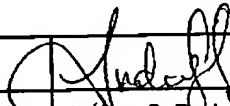
PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/068,759
	Filing Date	February 5, 2002
	First Named Inventor	Diacakis, Athanassios
	Art Unit	2134
	Examiner Name	Thomas M. Ho
	Attorney Docket Number	022395-770400US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 3.73(b)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
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Printed name	Patrick R. Jewik		
Date	March 22, 2006	Reg. No.	40,456

CERTIFICATE OF TRANSMISSION/MAILING	
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